

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016993

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

82

STATE FILE NUMBER

FILED APR 18 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

Hayti

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)

Pemiscot Co. Mem. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pemiscot

c. CITY

Hayti

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

Pemiscot Co. Mem. Hosp.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

DATE OF DEATH

Month

Day

Year

CRITES

April 15, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-13-63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY

Hayti, Missouri

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Martin W. Crites

13b. MOTHER'S MAIDEN NAME

Mildred C. Johnson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

M. W. Crites, Caruthersville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PREMATURITY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alan S. Rubin MD

22b. ADDRESS

Caruthersville, Mo

22c. DATE SIGNED

4-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-16-63

23c. NAME OF CEMETERY OR CREMATORY

East Woodlawn Cemetery

23d. LOCATION (City, town, or county)

Hayti, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

John W. German Funeral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG.

4-16-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

Not Embalmed
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. J. Brown* _____

Licensed Embalmer No. *5204*

P. O. Address *Hayti, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.